

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003					Application or Docket Number <i>10735609</i>			
CLAIMS AS FILED - PART I								
(Column 1)		(Column 2)			SMALL ENTITY TYPE <input type="checkbox"/> OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		<i>98</i>				RATE <input type="checkbox"/> FEE BASIC FEE 385.00 OR BASIC FEE <i>770.00</i> XS 9= <input type="checkbox"/> OR XS18= <i>1404</i> X43= <input type="checkbox"/> OR X86= <i>774</i> +145= <input type="checkbox"/> OR +290= <input type="checkbox"/> TOTAL <input type="checkbox"/> OR TOTAL <i>2548</i>		
FOR		NUMBER FILED	NUMBER EXTRA					
TOTAL CHARGEABLE CLAIMS		<i>98</i> minus 20=	<i>* 78</i>					
INDEPENDENT CLAIMS		<i>12</i> minus 3 =	<i>* 9</i>					
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>								
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY OR SMALL ENTITY			
(Column 1)		(Column 2)		(Column 3)	RATE <input type="checkbox"/> ADDITIONAL FEE XS 9= <input type="checkbox"/> OR XS18= <input type="checkbox"/> X43= <input type="checkbox"/> OR X86= <input type="checkbox"/> +145= <input type="checkbox"/> OR +290= <input type="checkbox"/> TOTAL <input type="checkbox"/> OR ADDIT. FEE <i>2548</i>			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	<i>*</i>	Minus	<i>**</i>	<i>=</i>			
Independent		<i>*</i>	Minus	<i>***</i>	<i>=</i>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	<i>*</i>	Minus	<i>**</i>	<i>=</i>			
Independent		<i>*</i>	Minus	<i>***</i>	<i>=</i>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	<i>*</i>	Minus	<i>**</i>	<i>=</i>			
Independent		<i>*</i>	Minus	<i>***</i>	<i>=</i>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								